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Unc	Ser	the Pap	erwork	Reduction Act of 1	995, no po	ersons are require	d to respond to	2 8 C	dection of into	cmanon unies	Anniicatio	n or Docket Mun	nber	
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Docket Mamber 10/633243														
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								•	SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED NUMBER EXTRA								L	RATE	FEE	İ	RATE	FEE	
BASIC FEE (37 CFR 1.16(s))										s	OR		3	
TOTAL CLAIMS (37 CFR 1.16(c)) mirus 20 = '								L	x \$=		OR	x s=		
INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = "								x \$=		OR	x s=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								L	+ s=		OR	+5=		
If the difference in column 1 is less than zero, enter "O" in column 2.									TOŢAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II														
		1	ا	(Column 1)	NOCO	(Column 2)	(Cotumn 3)		SMALL I	ENTITY	OR		R THAN ENTITY	
4 5	2	198	00	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT -		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL-	.
ENDMENT	\vdash	Tota	d d	AMENDMENT	Minus	<u>"20</u>	•		x \$=		OR	x s=		
S	H	Independ	ent	3	Minus	··· 3	•	$\lfloor \cdot \rfloor$	x s=		OR	x s=		
-M	-			ATTON OF MULTIPU	E DEPENDS	NT-CLAIM- (37 CF	R-1:16(d))		. 4.2	/	OR -	+3	1-1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM - (37 CFR-1:16(d))								, .	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	/	
4 18-05 (Column 1) (Column 2) (Column 3)													4	
<u>ا</u> ۾	Т			CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI		RATE	ADDI-	
	- 1			AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL	4		FEE	4
TNEWCHENT		Tot (37 CFR 1	al .:6(c))	18	Minus	"20	• _]	x \$=	ļ	OR	x s	 	4
) Z		Indepen (37 CFR	denl .:G(b))	3	Minus	<u>" З</u> _		╽	x \$=		OR	x s =	_	-
	[FIRST	RESENT	TATION OF MULTIPE	LE DEPEND	ENT CLAIM (37 C	FR 1.16(d))		+ 5=		OR	+ s =	ļ	4
+									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		4
(Column 1) (Column 2) (Column 3)												1		
	ر			CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
٠ ا	뵑	OF CFR	tal . 1,16(cl)	· :	Minus		-	<u>.</u>].	-x-s=	<u> </u>	OR	<u> </u>	<u> </u>	<u>.</u> .
_ _{	ENDIMEN	Indeper	ndent	•	Minus		=	_ _	x s=		OR	x s =		-
= =	AM	FIRST-PRESENTATION OF TAULT PLE DEPENDENT: CLAIM (37 CFR 1.16(d))							+5=		- OR	3.5		
_ _	_				71				TOTAL		OR	 TOTAL- 'ADD'L-FEE		
	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													

[&]quot;If the "Highest Number Previously Paid For" (In THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" (In THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.